

SECTION II - CLIENT NEEDS AND COUNSELING TOPICS ADDENDUM		
HICAP PROVIDER NAME:	CLIENT ID#:	
HOW DID CLIENT LEARN ABOUT HICAP? (Check one)	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%; padding: 5px;"> <input type="checkbox"/> <b>CMS</b>            (1-800-Medicare,  <a href="http://www.Medicare.gov">www.Medicare.gov</a>,            Medicare &amp; You,            CMS Mailing)         </div> <div style="width: 33%; padding: 5px;"> <input type="checkbox"/> <b>Agency</b>            (senior organizations,            disability organizations,            Social Security)         </div> <div style="width: 33%; padding: 5px;"> <input type="checkbox"/> <b>State-Specific</b>            (mailings/brochures/posters)         </div> </div> <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="width: 33%; padding: 5px;"> <input type="checkbox"/> <b>Media</b>            (psa/ad/ newspaper/ radio)         </div> <div style="width: 33%; padding: 5px;"> <input type="checkbox"/> <b>Other:</b> _____         </div> </div> <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="width: 33%; padding: 5px;"> <input type="checkbox"/> <b>Presentation/Fair</b> </div> <div style="width: 33%; padding: 5px;"> <input type="checkbox"/> <b>Friend / Relative</b> </div> <div style="width: 33%; padding: 5px;"> <input type="checkbox"/> <b>Other:</b> _____         </div> </div> <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="width: 33%; padding: 5px;"> <input type="checkbox"/> <b>InfoVan</b> </div> <div style="width: 33%; padding: 5px;"> <input type="checkbox"/> <b>Internet</b> </div> <div style="width: 33%; padding: 5px;"> <input type="checkbox"/> <b>Not Collected</b> </div> </div>	
<b>Did Client Enroll in PDP/MAPD? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		
<b>PART D PRESCRIPTION ASSISTANCE (Check all that apply)</b>		
<b>Part D Client Needs Matrix</b>		
<b>MEDICARE PRESCRIPTION DRUG COVERAGE</b>	<b>OTHER SOURCES of PRESCRIPTION DRUG COVERAGE / ASSISTANCE</b>	<b>OTHER PRESCRIPTION PLAN</b>
Eligibility/ Benefits Comparisons <input type="checkbox"/>	Medicare-Approved Drug Discount Card <input type="checkbox"/>	Federal Employee Health Benefits Program <input type="checkbox"/>
Low-Income Assistance – Eligibility Benefit Comparison <input type="checkbox"/>	State Pharmacy Assistance Program <input checked="" type="checkbox"/>	
Enrollment / Application Assistance <input type="checkbox"/>	Union /Employer Plan <input type="checkbox"/>	
Claims / Billing <input type="checkbox"/>	Manufacturer's Assistance Program <input type="checkbox"/>	
Appeals / Quality Care / Complaints <input type="checkbox"/>	Non-Medicare Discount Plans <input type="checkbox"/>	
	Other <input type="checkbox"/>	
PLEASE PROVIDE ANY FEEDBACK REGARDING THE NEW MEDICARE PART D PRESCRIPTION PROGRAM.		

☐ **DISCLOSURE STATEMENT:** If you choose a plan and have difficulty in completing the necessary forms or process for enrollment, the HICAP Counselor will assist you. However, you will be responsible for the actual plan contract. The HICAP Counselor will NOT choose your plan for you.